

<b>Case Number:</b>	CM13-0058373		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 5/30/13. A utilization review determination dated 11/4/13 recommends non-certification of physical therapy 3 x 2 cervical/right shoulder and a gym membership for work hardening. A 11/5/13 progress report identifies persistent neck pain, right shoulder pain, and occasional headaches. Pain is 3/10 at rest and increases with work, especially lifting. Patient has been using his medications erratically. On exam there is slightly limited neck range of motion with palpable spasm. There is bilateral shoulder crepitus with full ROM. Treatment plan includes Naprosyn, PT, and to obtain old records so previous PT can be reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical therapy 3x/2 (cervical/right shoulder):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The MTUS Chronic Pain Guidelines state "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to

maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions. The remaining deficits are mild ROM deficits of the cervical spine and there is no documentation as to why they cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the MTUS Chronic Pain Guidelines support only up to 10 total PT sessions for this injury. In light of the above issues, the currently requested physical therapy 3x/2 for cervical, right shoulder is not medically necessary and appropriate.

**Gym membership for work hardening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter, section on Gym Memberships.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The Official Disability Guidelines state gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician is overseeing the gym exercise program. In the absence of such documentation, the currently requested gym membership is not medically necessary and appropriate.